



ARMY FEE ASSISTANCE

Provider Cost Verification Form Children Ages 0 - Preschool

Provider Name: _____
Vendor/TIN # _____ Email: _____
Phone # _____ Fax # _____
Physical Address: _____
City: _____ State: _____ Zip Code: _____
Remit to Address: _____
City: _____ State: _____ Zip Code: _____

Provider Billing Method

Calendar Month (1st - Final Day of Month)

4/5 Week Billing: Provide Day of Week _____

Family Action: New Family Enrollment Rate Change Attendance Change Adding Child Recertification

Printed Name of Qualifying Sponsor: Last: _____ First: _____ MI: _____

Child Information

Child Name _____
Child Date of Birth _____ Enrollment Date _____
Does the child qualify for any discounts _____ Type of Discount _____

Registration / Enrollment Fee

Registration Fee \$ _____ Enrollment Fee \$ _____ Maximum Fee to be paid by Army, \$150.00 per child, per provider, per year.

Current Child Enrollment and Care Information (Please provide cost below after any and all discounts)

Effective Date _____
Full Time: (25 or more hours of care per week) Monthly Rate \$ _____ Weekly Rate \$ _____
or
Part Time: (16 -25 hours of care per week) Monthly Rate \$ _____ Weekly Rate \$ _____
Number of Days per Week _____ Number of Hours per Week _____

Rate/Attendance Changes to be Processed within the Next 12 Months (Please provide cost below after any and all discounts)

Effective Date _____
Full Time: (25 or more hours of care per week) Monthly Rate \$ _____ Weekly Rate \$ _____
or
Part Time: (16 -25 hours of care per week) Monthly Rate \$ _____ Weekly Rate \$ _____
Number of Days per Week _____ Number of Hours per Week _____

Effective Date _____
Full Time: (25 or more hours of care per week) Monthly Rate \$ _____ Weekly Rate \$ _____
or
Part Time: (16 -25 hours of care per week) Monthly Rate \$ _____ Weekly Rate \$ _____
Number of Days per Week _____ Number of Hours per Week _____

Providers who misrepresent information used to calculate Fee Assistance/Child Care Subsidy Benefit may have their Fee Assistance/Child Care Subsidy terminated and would be removed from the GSA Subsidy Administration Program as a qualifying child care provider.

Printed Name of Qualifying Child Care Provider completing this form

Phone Number

Signature of Provider completing this form

Date

*Child care rates & fees must be submitted to the GSA Subsidy Administration Section annually. Only one rate change per year will be accepted for calculation purposes.

GSA Subsidy Administration Section
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